

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 18 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	t(s) Debra Va	anderbeek, Rober	t Clegg, Periklis Karoutas	, Leann Moccia
II. Name of lobbyis	t's partnership, firm o	r corporation, if a	ny:	
Leg	islative Solutions, L.L.	C.		
(N	ame of partnership, firm o	r corporation)		
F	P.O. Box 10724	Bedford	NH	03110
Business Address: (	Street)	(Town/City)	(State)	(Zip Code)
( ) 603-986-91	.45 (	)	e-mail dbeek(	@aol.com
(Telephone)	`	(Fax		
	covers: (Choose one – transactions which ar			may file a separate report for
☐ All reportable tra	ansactions occurring in	the months prior to	the reporting date relative to	o the following client:
	Advantage Capita			
<u>OR</u>	(Full Name of Client a	as it appears on the Lo	bbyist Registration Form)	
		st (including the lob	obyist's family), or the lobby	ving firm listed below which are
IV. Date of Report Reports cover: acc	April 26, 2017 🕅		July 26, 2017 activity from 4/1/17 to 6/30	V17
	October 25, 2017 activity from 7/1/17 to 9		January 31, 2018 [ activity from 10/1/17 to 12	
	d, complete just this fort		e transactions made sinc he Secretary of State's Offic	
VI. Check if addition	onal reports are attach	ed:		
X If you have rece	ived fees or made expen	nditures, you must f	ile Addendum A- Fees and	d Expenses
☐ If you have paid Expense Reimburser		bursed expenses, yo	ou must file Addendum B-	Report of Honorariums or
☐ If you, your firm	n, or your family has ma	de political contrib	utions, you must file Adder	ndum C- Political Contribution
I have read RSA 15,	best of my knowledge a	and RSA 664 and h	ereby swear or affirm that t	he foregoing information is true  (1, ) (1) 7  Date)
(Print Name of lobb	ovist)			

# P L E S E P R T

## STATE OF NEW HAMPSHIRE

#### **Lobbyists Fees and Expenses** Addendum A

(RSA Cha	apter 15:6)
I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Perikli	s Karoutas, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if an	ny:
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Advantage Capital	Date April 18, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identifit to lobbying, including fees for services such as public advocacy, goincluding research, monitoring legislation, and related legal work. reduced by any expenses:	vernment relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 12,000.00
b) Total of all fees received this calendar year, prior to this reporting (This should equal the total of all prior monthly reports for this ca	
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>12,000.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are requir fees. Separate reports are to be filed for expenditures made relative the lobbyist(s)/firm that are unrelated to any one client a separate Expenses are to be reported in one of three categories of expenses during the reporting period for salaries, benefits, support staff, and individual expenses where the expenditure was of \$25.00 or less (fo lunch where the cost was \$25.00 or less, purchase of a pen with a vabeing lobbied, purchase of a ceremonial object given to a person bein (c) an itemized statement of each individual expenditure made during any purpose not covered by (a) (for example: purchase of a meal of ceremonial object to be given to the subject of lobbying with a val restaurant expenses for a legislative reception). Expenses for hone contributions will be reported on separate addendums and should not	to each client and if expenditures are made by report may be filed for the lobbyist(s)/firm.  (a) the aggregate total of all expenses paid office expenses; (b) the aggregate total of all or example: meals purchased during a business alue of less than \$10 that is given to the person ng lobbied with a value of \$25.00 or less); and this reporting period of greater than \$25.00 for with value of greater than \$25, purchase of a use greater than \$25, but not greater than \$50, orariums, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, ben support staff, and office expenses, related directly or indirectly to lobb	bying. a) \$ 12,000.00
b) Total aggregate of expenditures during this reporting period, not r in a), of \$25 or less.	b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period	d) \$ 12,000.00
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>12,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
01/12-6	
(Signature of lobbyist)	April 18, 2017 (Date)
• /	(Duit)
Debra Vanderbeek	
(Print Name of lobbyist)	

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: **Legislative Solutions** Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): April 26, 2017 July 26, 2017 □ October 25, 2017 □ January 31, 2018 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. HM 18,2017 Robert Clegg

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:

Legislative Solutions

(Print Name of lobbyist)

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☐ January 31, 2018 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)
Periklis Karoutas

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:
Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 ☐ July 26, 2017 ☐ October 25, 2017 ☐ January 31, 2018 ☐
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true an complete to the best of my knowledge and belief.
Hann Marcia (Date)  Hann 18, 36)  (Date)
Leann Moccia